



REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Judicial Election

Name of Candidate Thomas U. "Tommy" Reynolds
 Address 15 CR 429, Water Valley, MS 38965
 Telephone 662-647-3203 Fax 662-647-2811

Contact Name Tommy Reynolds Email _____

Office Sought State Representative - Dist. 33 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 16, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,650.00	\$ 1,650.00	\$ 1,650.00
Total amount of disbursements	\$ 24.50	\$	\$
Total amount of cash on hand		\$ 2,848.68	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Thomas U. Reynolds
Signature of Candidate

January 25, 2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39208 or fax to 601-359-1499 or 601-378-2818.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Thomas U. "Tommy" Reynolds Page 1 of 1
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Ms Association For Home Care</u>	<u>12/6/10</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St., Suite B</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)		
Aggregate year-to-date		\$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Zeneca Services</u>	<u>10/7/10</u>	\$ <u>350.00</u>
Mailing Address <u>1800 Concord Pike, P.O. Box 15437</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Wilmington, DE 19850</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)		
Aggregate year-to-date		\$

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Ms Agents & Employees PAC</u>	<u>11/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 39</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)		
Aggregate year-to-date		\$

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Capitol Advocacy Group PAC</u>	<u>12/22/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217, 625 N. State St., Ste. 201</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39205-0217</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)		
Aggregate year-to-date		\$ <u>1,650.00</u>